

BAY AREA

U.C. SAN FRANCISCO MEDICAL CENTER LIBRARY

APR 6 1973

MARCH-APRIL ISSUE NUMBER 11

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
PERMIT NO. 9641
SAN FRANCISCO
CALIFORNIA

health LIBERATION news

medical committee for human rights
BAY AREA CHAPTER
P.O. BOX 7677
SAN FRANCISCO, CA. 94119

U.C. SCHOOL OF MEDICINE
LIBRARY
SAN FRANCISCO, CA. 94122

BATTLE LINES AT UC MED

The inadequacies and contradictions of the American health care system are currently being reflected at UC Medical Center in a number of controversial issues.

1. **Dental Clinic Building.** UC is attempting to spend millions of California taxpayers' dollars on the construction of a new Dental Clinic building (remember last November?—"Health for you, Vote yes on 2.") Apart from the near irrelevance of more steel and concrete to current health care needs, the building will have deleterious effects on the local environment. It was planned from the start with a high-handed disregard for local community feeling. As a result there has been strong community resistance. The general feelings of the Board of Supervisors, regardless of personal motives, was reflected in a near unanimous vote opposing the new building. Although the Supervisors' resolution was overriden by Mayor Alioto, well-organized community opposition will probably lead to hearings on the environmental impact of the new building. The misplaced priorities represented by this building are even more striking in the context of fiscal crisis and budget cutbacks in other areas (see below).

2. **Hospital admissions policy.** As a result of internal fiscal crisis, admissions to UC clinic and hospital will now be barred to all those people unable to guarantee at least 50% of their projected medical expenses. This excludes the many near-poor people who fall in between those with comprehensive health insurance coverage and the totally poor who have been able to overcome bureaucratic redtape and qualify for Medical or Medicare coverage. This marks a crucial departure from previous policy, which was in principle 'open to all' with charges based on ability to pay. This move towards the privatisation of UCSF is likely to be accentuated in the future, with \$ millions going into the modernization of Moffitt Hospital in order to attract and compete for private patients; and consideration of plans to convert UC Medical Center into an expensive H.M.O.

3. **Layoffs and speed-up.** As a result of the same economy drive, many lower-paid positions are not being refilled when workers leave, resulting in speed-ups for employees and poorer services for patients. The reduction in patient population which will inevitably result from the new admissions policy will likely be used to justify further layoffs of lower paid employees (but not highly-paid administrators).

4. **Nursing School cutbacks.** The Nursing School is likely to suffer savage cutbacks, with loss of financial aid to undergraduate students (at present 50% depend on such aid), abolition

Health care costs are skyrocketing and the costs of running San Francisco General Hospital (SFGH) have correspondingly increased. Because of this, the City of San Francisco wants to get out of the hospital business, as do other counties throughout California. And as county governments do this, federal money for health is being cut drastically, an example being OEO. Those people using SFGH—poor people—are the ones who are losing. The Board of Supervisor's answer to this crisis is to form a "non-profit corporation," whereby they can give a fixed sum of money yearly to SFGH, thus washing their hands of the problems of SFGH, and of the health of poor people. The board of the corporation is to be appointed by the Board of Supervisors; thus the patients using SFGH and the hospital workers would have little voice in determining what happens there. The corporation would be insulated against pressure, another bureaucratic layer having been imposed. And if this does happen, a dangerous precedent will have been established; that is, a structure that refuses to make health services accountable to the people using them and working in them. This is a problem that cuts across class, race and sex differences and affects us all. The only way that health services will improve is if the people who are directly affected by those services (patients and workers) make the policy decisions.

INTRODUCTION

As is the case with almost every hospital, public or private, San Francisco General Hospital is in transition and frequently finds itself

of post-graduate traineeships, and cut-off of support funds for possibly 10 faculty. Apart from confirming the second-class status of nurses, these cutbacks are particularly regressive at a time when the Nursing School (especially in its graduate program) is attempting to move towards an urgently needed 'humanization' of health care and its integration with the local community. Although the Nursing School faculty do not appear to have given major consideration to the possibility, it is probable that in-patient care will also suffer from the proposed cutbacks.

5. **Further cuts in H.E.W. funding.** If Nixon's cuts go through as projected, all post-graduate traineeships will be terminated. The loss of all graduate and post-doctoral fellows would cripple the research efforts of this institution. In the hierarchical research world, most of the experi-

unable to cope with all of the changes buffeting it. For too many years this country's health care business has been run more for the benefit of those who profit from illness than for those who need care. Insurance companies, drug companies, health equipment manufacturers, and physicians have reaped the rewards, while quality has decreased and costs have increased. San Francisco General, along with other hospitals, is unable to cope with changes in health care: changing treatment patterns, emphasizing preventive and ambulatory services; changing financing mechanisms; and changing expectations of patients demanding quality care as a right, not a privilege.

San Francisco General Hospital, today, faces problems in common with other hospitals in San Francisco, and problems unique to itself. As a result of over-building, almost all twenty-two private and voluntary hospitals in San Francisco are over-bedded; most operate under 60% capacity and face a major financial crisis. Thus, there is competition for patients, and varying degrees of opposition to the present planned construction, by the end of 1974, of a new 625-bed "San Francisco Medical Center" to replace on the same site at 22nd and Potrero Avenue the 60-year-old, 850-bed capacity, San Francisco General Hospital.

At the hospital itself an outmoded physical plant and long history of City civil service restrictions and budget shortcomings have produced a second-rate institution staffed by frustrated administrative personnel and demoralized

(cont. P.2)

mental work is actually done not by senior faculty but by post-graduate students and trainees. The position of technicians at the bottom of this hierarchy is confirmed by tentative plans to lay them off and use that money to support post-graduate students.

Opposition to these policies is centered around a broad-based coalition which includes members of the local community, A.F.S.C.M.E. local 1650, and the UCSF group of MCHR members. MCHR is attempting to contribute to the coalition by running a series of open educational meetings to publicise and present the issues involved; by organizing within the Medical Center; and by attempting in depth analyses of not only the specific local issues mentioned above, but also their relation to national politics and Nixon's attack on all social services.

SFGH CORPORATION? (cont.)

medical staff and workers. This situation has detrimentally affected the provision of medical care and has perpetuated the public's image of the hospital as a charity hospital to be used only when no other alternative is available. Long waits, the poor physical plant, and outmoded equipment plague patients, while oppressive working conditions, no job security, no upward mobility and a rigid hierarchy, are faced daily by workers. Changes are so drastically needed that the Joint Commission on Accreditation of Hospitals noted these same defects, and after two years of probation, gave the hospital one final year to come up to standards. If it doesn't, nonaccreditation would result in a loss of Medicare and Medi-Cal reimbursements, representing approximately 70% of the hospital's revenue.

Protests against these conditions grew louder and came from different groups of people—patients, workers, the Joint Commission, community physicians who wanted admitting privileges to the hospital, grand juries, and finally, the Board of Supervisors. This activity culminated in the Board of Supervisors appointing a nineteen-member "Coordinating Council" composed of health professionals and community representatives, which was funded by an HEW grant of \$70,000 to develop a plan to make San Francisco General Hospital into a "community hospital."

THE COORDINATING COUNCIL

During the summer of 1970, the Board of Supervisors passed a resolution calling for a study of San Francisco General's governance. A community struggle ensued over who would be on the group doing the study. People from Hunters' Point, Centro de Salud, the rank and file caucus of Muni drivers, and others pushed for a consumer-dominated study rather than the usual blue ribbon commission of doctors and administrators. The community won a partial victory, gaining 12 out of 19 seats on the Coordinating Council, which was to perform the study. However, the 12 consumers were to be chosen by the Board of Supervisors rather than by the community.

The Supervisors took over a year to pick the Coordinating Council. The consumers came mostly from poverty program-type agencies with other Council members from the Health Department, the University, the San Francisco Medical Society, business and labor, Comprehensive Health Planning, and San Francisco General. Staff was hired to do the day-to-day work of the Council.

From August, 1971 until January, 1973, the Coordinating Council met and studied the issues, finally deciding to recommend replacing the hospital's cumbersome governing procedures with a nonprofit hospital corporation. If the Board of Supervisors agrees to this recommendation, it will be sent to voters as a ballot proposition.

COUNCIL'S RECOMMENDATION

The handpicked Council, after one and a half years, has put forward a proposal which calls for a nonprofit corporation to run SFGH. The City would give the corporation a fixed sum of money each year, with additional funds coming from third-party payments (Medi-Cal, Medicare, and private insurance), and direct billing of patients.

Each year the corporation would have to balance its books; it couldn't spend more than it takes in.

The Corporation board of directors will have the power to run the hospital, though it must make two contracts that will severely curtail its power. One contract will give the University of California Medical School continuing responsibility for medical services at the Hospital. The other contract will be with city government: the Corporation will agree to provide certain services the city requires (an emergency service, in-patient and out-patient care for low-income people, intensive care units, alcohol and drug detoxification services, a tuberculosis unit, etc.)

The Corporation will control personnel policies at the hospital, though hiring and promotions will be part of the City Civil Service system. The City's unions, which are represented on the Coordinating Council, would not allow the Corporation to separate itself from civil service."

On the positive side, a corporation would probably streamline the management of the hospital: purchasing equipment, fixing broken windows, and hiring personnel would be easier than at present.

CRITICISM

On February 22, 1973, a group of hospital workers, including MCHR members and Thursday Noon Committee (a group of hospital workers attempting to improve patient care and working conditions at SFGH), met with members of the Mission Coalition Organization, Centra de Cambio, Asian Community Health Center, and Potrero Hill Health Committee. While not speaking officially for their organizations, the community representatives agreed unanimously with hospital workers that the following minimal standards for any changes at SFGH be incorporated into the report of the Coordinating Council:

Patient Care:

1. The open admission policy must be retained—all sick persons must have the right to be treated and admitted to SFGH regardless of ability to pay.
2. Patients must still be billed on the basis of ability to pay without modification of current liberal billing standards.

Worker Rights:

1. No layoffs, freezes in hiring, or decreases in the number of worker positions. When New York City formed a hospital corporation, 5,200 positions were eliminated and in their place, 1,000 billing people were hired.
2. No decreases in worker rights, pay or benefits. No exclusion of worker associations in favor of closed shop management-controlled unions.

Financing:

The City must continue to subsidize the full cost of providing quality health care. If the initial "lump sum" is not adequate, the City must be legally required to supply the rest—rather than the hospital having to cut back on services, refuse care to sick people, or lay off workers.

Governance:

1. There would be a substantial number of community persons on any Board of Governors—with these specific requirements:
 - (a) They must be actual users of the hospital;
 - (b) They must be elected—not appointed, even initially;
 - (c) Any elections must have stringent campaign-spending requirements (with criminal penalties for violations) to allow poor persons to run on an equal footing with other candidates;
 - (d) When necessary, community Board members will have the right to receive reimbursement for expenses (child care, etc.) to permit them to participate in Board functions.
2. There must be a significant number of non-supervisory hospital employees on the Board selected by hospital-wide elections.
3. All Board meetings must be open and public, with adequate opportunity for community and worker input and testimony.

(cont. next p.)



IMPLICATIONS

If these criticisms are not recognized and acted upon, we will be faced with another bureaucratic monster. Certainly the promise of better management is not reassuring. Judging from the experience of the New York City Health and Hospitals Corporation, we may end up worse than before. Its leadership, policies, and structure have been under attack since it began in June of 1970. Even before it began, community groups and workers tried to stop it, raising the inevitable problems. Workers have been laid off and it appears, because the City of New York is unwilling to increase its contribution to the Corporation, that more and more billing of poor patients is occurring.

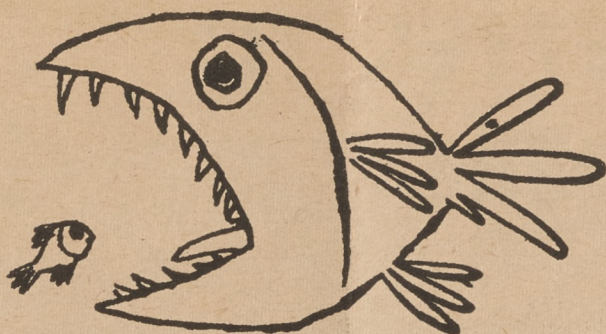
Public accountability of the Corporation is another basic issue. In New York, for example, meetings and budget hearings, formerly open to the public, have been secret since the Corporation was formed. Moreover, the relationship between the Corporation and city government makes it easy for each to blame the other for inadequacies. The New York Corporation, in fact, is suing the City for paying it insufficient funds to cover hospital needs. In San Francisco, to insure as little accountability as possible, the Coordinating Council has recommended that the initial Board of Directors of the Corporation be appointed by the Supervisors, rather than elected by district or at large.

BETTER DIRECTIONS

Most disturbing is the fact that the Coordinating Council rejected *without adequate study* alternative forms for a new management structure. With \$70,000 and a year and a half in which to work, the Council staff did not explore any of the non-corporate solutions to problems at SFGH. In fact, they summarily dismissed alternatives which have attractive features: for example, a district hospital with taxing power (similar to the school board and districts) would insure adequate funding but was felt to be "politically inexpedient." Did the Coordinating Council consider that a multi-million dollar state bond issue for health was recently passed by the voters, or that on two occasions, the people of San Francisco voted a total of \$33 Million to build a new SFGH? In this arrangement, a community-worker board could be elected and have fiscal and managerial autonomy—enough to guarantee an efficient and well-run hospital. Moreover, this would not necessitate a city referendum.

The Director of the Department of Public Health (DPH) has presented another alternative to the Coordinating Council which includes the following: 1) inclusion of community and paid house physicians, 2) maintenance under DPH, not Public Works, 3) more staff support for purchasing at SFGH, 4) delegation of some civil service functions to the hospital, 5) commitment by City officials to avoid job and equipment freezes in the health department budget. This plan also tries to centralize and coordinate the district health centers with the hospital. It fails to create a community-worker governing board and is incomplete as an overall plan, but it is a workable alternative to a corporation.

The position of the University of California towards the corporation proposal is unclear at present. It cannot afford to lose SFGH as a teaching hospital but it has provided only minimal support to the hospital over the years. There



have been no indications that the University wants to take over SFGH as it has done with county hospitals in Sacramento and San Diego, but the University is a potent force in this planning. Its role at SFGH must be carefully defined so that it also is responsive to and working in concert with the workers and patients of SFGH.

CONCLUSION

MCHR believes that a corporation for SFGH would be a regressive step and must be defeated. The opposition must include more than patients and workers at SFGH. Hospital workers from all over San Francisco must show their strong support for their co-workers at SFGH, for they know how quickly jobs can disappear. High quality health care, job security, adequate financing, and accountable governing mechanisms are part of everyone's struggle.

If you want more information about the corporation and on-going organizing around this issue, call the MCHR office at 824-5888.

CALENDAR OF EVENTS

(All local meetings start at 7:30 pm)

- 4/4 — Wed. East Bay MCHR Meeting
Ecology Center
Austin & Oxford, Berkeley
Discussions with reps from Contra Costa doctors' union and other health unions
- 4/5 — Thurs. Institutional Org Project
3675 - 17th Street, S.F.
- 4/13-15 — National MCHR Convention in
St. Louis, Mo.
- 4/26 — Thurs. General Membership Meeting
2519 Pacific Avenue, S.F.
Convention report
Institutional reports: SFGH and UC Med. Center
- 4/29 — Sun. Public Meeting on Shell
Workers' Strike for Health and Safety
Community Music Center
544 Capp Street, S.F.
- 5/17 — Thurs. General Membership Meeting
2519 Pacific Avenue, S.F.
East Bay MCHR project reports

HOME BORN BABY

Many health workers, because they work in or from an institution, may find it difficult to understand or even know of many of the health-related needs of people that don't come under the institutional umbrella.

Adequate and responsive care goes beyond that umbrella and often requires the attention of a trained and knowledgeable person.

One such area of care is home delivery. There is a growing number of women of all classes and economic levels who, for various reasons, are choosing not to deliver their babies in hospitals. The health and lives of these women and their babies might be endangered if they are not given proper medical attention.

The excellent 50-minute videotape "Home Born Baby" is a window through which health workers familiar with labor and deliveries in hospitals and clinics can look to gain an understanding of that same process when it happens at home.

The birth was attended by a physician and midwife (who narrates); and the mother (this was her first child) shows the results of having prepared herself well for labor and delivery.

The strong points of this tape are the very graphic presentation of the tranquility of home birth, no glossing over of transition labor, excellent perineal shots of the crowning and birth. There is some jerky camera action, but not enough to detract from the fact that this tape shows very clearly exactly how a baby gets out from the time the vulva starts to dilate until the child is born.

From a teaching standpoint this tape does a good job. The spirit in it is lovely, the mother peaceful, the doctor and midwife doing just enough but not too much in facilitating the birth.

Although he was born with his eyes open, the baby was a little slow to cry, and had a fair amount of mucus. In addition, the mother's response to him is a little hesitant, something which is excellent for first-time mothers to realize is quite normal.

The tape would make an excellent teaching aid as well as provide a good vicarious birth experience . . . and would be particularly good for high school use.

"Home Born Baby" is available from :

Source Media Works
389 Ethel Avenue
Mill Valley Ca. 94941
Phone--388-9094

ATTENTION ALL DOCTORS HELPING HANDS GAY COMMUNITY CENTER WANTS YOUR BODY

Yes, your body is needed by the Gay Community Services Center of the GAY ALLIANCE, but not for sex. Sorry, maybe another time. But this time, we need a doctor or doctors who can give to the Center, which is located in the Tenderloin, two hours per week to work in the Center. What we have in mind, is a doctor to give medical examinations, very limited in scope. And to do referrals as prescribed, and to prescribe medicine if needed. We can pay you absolutely nothing. But, from time to time, something may pop up for you. This is a most urgent need. The Gaypeoples of the Tenderloin are abused by the doctors at General hospital, many as a result, suffer needlessly. Have a heart, and give the Gaypeoples of the Tenderloin a helping hand. Contact Reverend Ray Broshears at 771-3366. Center is at 225 Turk Street.
p.s. "homosexuality is NOT contagious!"



URGENT LETTER TO OUR READERS:

Dear Folks:

You may have noticed that your address label is different this issue. That's because we have computerized our mailing list on the community computer at Resource One. This will make life easier for everyone but *we need your help to make it work:*

- (1) **FILL OUT THE COUPON BELOW THIS NOTE.** We want information on where people work, what their interests are, etc. so that in the future we can send special mailings to specific groups. For example, the computer will enable us to separate out names and addresses by the members' areas of interest or to link up people institution by institution. However, **THIS CANNOT BE DONE WITHOUT EACH AND EVERY ONE OF YOU FILLING OUT THE COUPON.** Incidentally, by doing this you also enable us to correct addresses, spelling, etc.
- (2) **IF YOU MOVE IN THE FUTURE, SEND IN THE LABEL FROM YOUR LAST ISSUE WITH YOUR ADDRESS CHANGE.** This is key for the computer to be able to find your old address and change it to the new one.
- (3) **MANY PEOPLE ON OUR MAILING LIST HAVE NOT PAID EITHER DUES OR SUBSCRIPTION COSTS FOR THIS YEAR (AND WE URGE YOU TO DO SO NOW).** Subscriptions cover just the cost of the newsletter. MCHR dues support this chapter and the national office, and without them we are chronically in debt. If you find the newsletter valuable, if you support what MCHR does and stands for, send in your '73 payment now—together with the completed coupon. Resource One is a collective of people in S.F. who acquired a set of tools and skills, including a XDS-940 time-sharing computer and the know-how to run it. They are making these resources available to a large number of people and groups interested in creating stronger communities and alternative institutions. Their aim is to give people, especially poor and minority people, access to the kind of technology traditionally denied them by those who traditionally control it. The computer is being "trained" to deal with many different things besides mailing lists for groups like ours; other current or projected projects include medical information systems for community health clinics, a Bay Area-wide network through which switchboards and referral agencies can instantly share resource information, and power structure research. For further information about Resource One, or to plug into their network, contact them at 1380 Howard Street, San Francisco, CA 94103, phone (415) 864-8663.

COUPON: PRINT LEGIBLY OR TYPE, AND MAIL TO MCHR IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.

NAME _____

ADDRESS _____ ZIP _____

(Note: Above should be *exactly* as printed on your label for this issue. Write in any corrections below, such as wrong zip, spelling errors, duplicate issues, etc.)

CORRECTIONS TO ABOVE _____

PHONE(S) (Include area code) HOME _____ WORK _____

PLACE OF WORK: NAME _____ CITY _____

KIND OF INSTITUTION, SCHOOL OR AGENCY _____

(i.e. voluntary hospital, nursing school, family planning agency, community clinic, etc.)

SPECIFIC TYPE OF WORK YOU DO _____

(i.e. X-ray technician, nursing student, orderly, gynecologist, ward clerk, etc.)

MCHR PROJECT OR AREA(S) OF INTEREST _____

(i.e. prisons, institutional organizing, women's health, mental health, patients' rights, etc.) We will try and link like-interests up with ongoing projects or to maybe start new ones.)

ARE YOU NOW DOING VOLUNTEER COMMUNITY HEALTH WORK? _____ PLACE OR KIND _____

(i.e. working in a free clinic, treating sick prisoners, neighborhood health education classes, sickle cell screening in an area, etc.)

IF NOT, DO YOU WANT TO DO THIS TYPE OF VOLUNTEER WORK? _____ AREA OF INTEREST _____

(Again, we will try and link people up with places that need help.)

LAST TIME YOU PAID DUES, SUBSCRIPTION COST, OR A CONTRIBUTION TO MCHR _____

AMOUNT \$ _____ (Month and year, and please circle which it was.)

ENCLOSED IS \$ _____ FOR 1973 DUES, SUBSCRIPTION, CONTRIBUTION (Circle one)

MY ENTRY(S) FOR THE HEALTH LIBERATION NEWS NAME CHANGE CONTEST IS _____

(see contest article on this page.)

COMMENTS, CRITICISM, PRAISE, ETC. FOR THE NEWSLETTER _____

(Please use more paper if you need it—we really need the feedback.)

FAIR SHARE DUES SCHEDULE

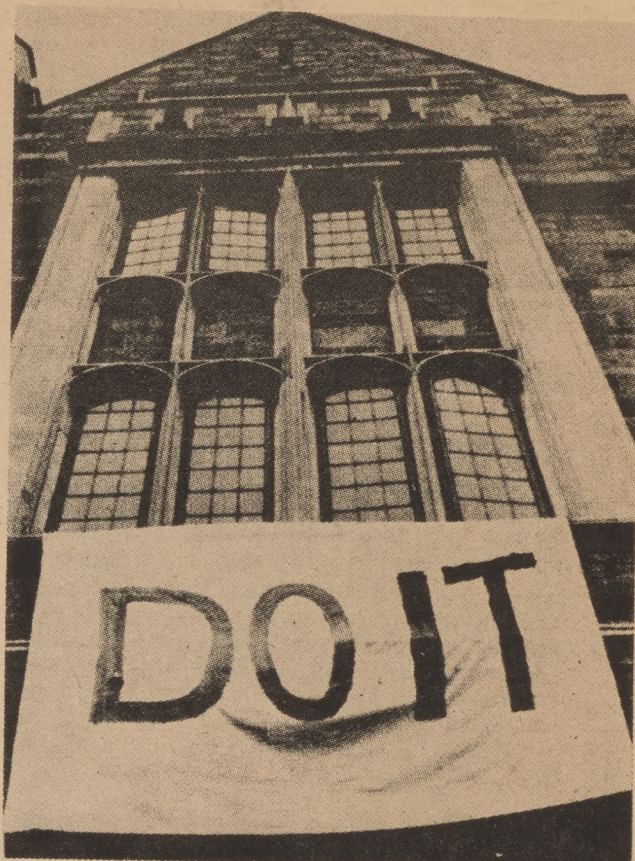
(please check proper box)

INCOME	INCOME	CONTRIBUTION
up to \$5,000	.1%	\$8 _____
up to \$10,000	.2%	\$10-20 _____
up to \$15,000	.3%	\$30-45 _____
up to \$20,000	.4%	\$60-80 _____
above \$20,000	.5%	\$100 up _____

Health Rights News. Here's \$5.
Health Liberation News. Here's \$3.

MCHR dues includes subs to Health
Liberation and Health Rights News.

Dues and contributions are tax-exempt.



DENTISTS AND EQUIPMENT NEEDED

The George Jackson People's Free Health Clinic is starting up a dental service. They need donations of dental equipment of all kinds. Volunteer help from dentists in the area will contribute to the success of this effort. Contact Henry Smith, George Jackson P.F.H.C., 3236 Adeline, Berkeley—653-2534.

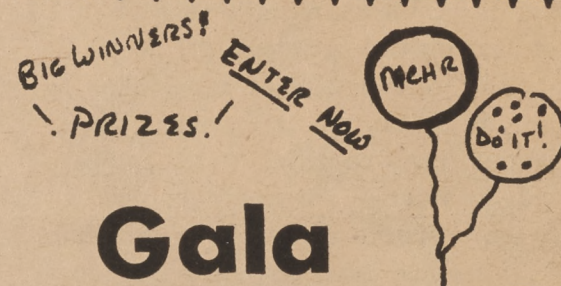
DOCTORS NEEDED

Doctors who can help, contact:
Sonoma County People's Health Committee
17855 Old Monte Rio Road
Guerneville, CA 95446

FARMWORKERS NEED HEALTH WORKERS

United Farm Workers Union is in need of physicians and other medical personnel to help staff a clinic for farmworkers in the Salinas Valley during the lettuce season. For more information, contact:

Margaret Murphy
14 S. Wood
Salinas, CA 93901



Gala Contest!

The Bay Area Chapter of MCHR announces the beginning of a gala contest in order to find a new name for our widely read publication currently entitled "Health Liberation News." Names may be submitted on the coupon on the back to our office at 558 Capp Street, San Francisco 94110. The grand prize for the lucky winner will be nothing less than spectacular. For the person who submits the winning title, we will award a free yearly subscription to our local newsletter and our national *Health Rights News*. The winner will also receive a personal health activist's library including such reknown works as *Billions for Band-aids*, *Beat the Heat* and *Away with All Pests*. WE ANXIOUSLY AWAIT YOUR ENTRIES!!!
